

For CALENDAR YEAR 2014 or FISCAL YEAR beginning _____, 2014 and ending _____

Amended return Final return. Check box if you have ceased operations. Enter 2-character special condition code if applicable. (See inst):
Check box if you are engaged in a fully exempt unincorporated business activity Check box if you are engaged in a partially exempt unincorporated business activity

Form with fields for: First name and initial, Last name, In Care Of, Business name, Business address (number and street), City and State, Zip Code, Business Telephone Number, Date business began, Date business ended, TAXPAYER'S EMAIL ADDRESS, SOCIAL SECURITY NUMBER, BUSINESS CODE NUMBER FROM FEDERAL SCHEDULE C.

SCHEDULE A Computation of Tax

BEGIN WITH SCHEDULE B ON PAGE 2. COMPLETE ALL OTHER SCHEDULES. TRANSFER APPLICABLE AMOUNTS TO SCHEDULE A.

Table with columns: A. Payment, Amount being paid electronically with this return, A., Payment Amount. Rows include: 1. Business income, 2. Less: allowance for taxpayer's services, 3. Balance before exemption, 4. Less: exemption - \$5,000, 5. Taxable income, 6. TAX: 4% of amount on line 5, 7. Less: business tax credit, 8. UNINCORPORATED BUSINESS TAX, 9. Payment of estimated Unincorporated Business Tax, 10. If line 8 is larger than line 9, enter balance due, 11. If line 8 is smaller than line 9, enter overpayment, 12. Interest, 13. Amount of line 11 to be: (a) Refunded, (b) Credited to 2015 Estimated Tax, 13c. Routing Number, Account Number, ACCOUNT TYPE, 14. Total remittance due, 15. Gross receipts or sales from federal return.

CERTIFICATION

Certification section with fields for: I hereby certify that this return, including any accompanying rider, is, to the best of my knowledge and belief, true, correct and complete. I authorize the Department of Finance to discuss this return with the preparer listed below. (see instructions)..... YES. Firm's Email Address: Preparer's Signature, Title, Date, Preparer's Social Security Number or PTIN, Preparer's signature, printed name, Date, Firm's Employer Identification Number, Firm's name, Address, Zip Code, Check if self-employed.

Name: _____ SSN: _____

SCHEDULE B Computation of Total Income

Items of business income, gain, loss or deduction			
1.	Net profit (or loss) from business, as reported for federal tax purposes from federal Schedule C, Schedule C-EZ or Schedule F	1.	
2.	Other business income (or loss) (see instructions)	2.	
3.	Income taxes and unincorporated business tax paid this year and deducted on federal return	3.	
4.	Total income (combine lines 1, 2 and 3)	4.	
5.	Less: Charitable contributions (not to exceed 5% of line 4) (see instructions)	5.	
6.	Balance (line 4 less line 5)	6.	

Business Tax Credit Computation

- | | |
|---|--|
| <p>1. If the amount on page 1, line 6, is \$3,400 or less, your credit on line 7 is the entire amount of tax on line 6. (NO TAX WILL BE DUE.)</p> <p>2. If the amount on page 1, line 6, is \$5,400 or over, no credit is allowed. Enter "0" on line 7.</p> | <p>3. If the amount on page 1, line 6, is over \$3,400 but less than \$5,400, your credit is computed by the following formula:
 Amount on pg. 1, line 6 X $\left(\frac{\\$5,400 \text{ minus tax on line 6}}{\\$2,000} \right) =$ _____ your credit</p> |
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SCHEDULE C The following information must be entered for this return to be complete.

- Nature of business or profession: _____
- New York State Sales Tax ID Number: _____
- Did you file a New York City Unincorporated Business Tax Return for the following years:
2012: YES NO **2013:** YES NO
 If "NO," state reason: _____
- Enter home address: _____ Zip Code: _____
- If business terminated during the current taxable year, state date terminated. (mm-dd-yy) _____ - _____ - _____
 (Attach a statement showing disposition of business property.)
- Has the Internal Revenue Service or the New York State Department of Taxation and Finance increased or decreased any taxable income (loss) reported in any tax period, or are you currently being audited? YES NO
 If "YES", by whom? Internal Revenue Service State period(s): Beg.: _____ End.: _____
MM-DD-YY MM-DD-YY
 New York State Department of Taxation and Finance State period(s): Beg.: _____ End.: _____
MM-DD-YY MM-DD-YY
- Has Form NYC-115 (Report of Federal/State Change in Taxable Income) been filed? YES NO
- Does this taxpayer pay rent greater than \$200,000 for any premises in NYC in the borough of Manhattan south of 96th Street for the purpose of carrying on any trade, business, profession, vocation or commercial activity? YES NO
- If "YES", were all required Commercial Rent Tax Returns filed? YES NO
 Please enter Employer Identification Number or Social Security Number which was used on the Commercial Rent Tax Return: _____

PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 9	DATE	AMOUNT
A. Payment with declaration, Form NYC-5UBTI (1)		
B. Payment with Notice of Estimated Tax Due (2)		
C. Payment with Notice of Estimated Tax Due (3)		
D. Payment with Notice of Estimated Tax Due (4)		
E. Payment with extension, Form NYC-EXT		
F. Overpayment credited from preceding year		
G. TOTAL of A, B, C, D, E, F (enter on Schedule A, line 9)		

MAILING INSTRUCTIONS

Attach copy of federal Form 1040, Schedule C, Schedule C-EZ or Schedule F. If this is a final return, attach an entire copy of federal Form 1040. Make remittance payable to the order of NYC DEPARTMENT OF FINANCE. Payment must be made in U.S. dollars and drawn on a U.S. bank. To receive proper credit, you must enter your correct Social Security Number on your tax return and remittance. The due date for the calendar year 2014 return is on or before April 15, 2015. For fiscal years beginning in 2014, file on or before the 15th day of the fourth month following the close of the fiscal year.



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ALL RETURNS EXCEPT REFUND RETURNS
 NYC DEPARTMENT OF FINANCE
 UNINCORPORATED BUSINESS TAX
 P.O. BOX 5564
 BINGHAMTON, NY 13902-5564

REMITTANCES
PAY ONLINE WITH FORM NYC-200V
AT NYC.GOV/ESERVICES
 OR
Mail Payment and Form NYC-200V ONLY to:
 NYC DEPARTMENT OF FINANCE
 P.O. BOX 3646
 NEW YORK, NY 10008-3646

RETURNS CLAIMING REFUNDS
 NYC DEPARTMENT OF FINANCE
 UNINCORPORATED BUSINESS TAX
 P.O. BOX 5563
 BINGHAMTON, NY 13902-5563